Complete Summary

GUIDELINE TITLE

Guideline for determining the route and method of hysterectomy for benign conditions.

BIBLIOGRAPHIC SOURCE(S)

Society of Pelvic Reconstructive Surgeons. Guideline for determining the route and method of hysterectomy for benign conditions. Dayton (OH): Society of Pelvic Reconstructive Surgeons; 1999. 3 p. [11 references]

COMPLETE SUMMARY CONTENT

SCOPE

DISEASE/CONDITION(S)

Benign conditions involving the uterus, including:

1. Leiomyomata
2. Uterine prolapse
3. Adenomyosis
4. Abnormal uterine bleeding
5. Carcinoma in situ of the cervix
6. Endometriosis
7. Pelvic adhesive disease
8. Chronic pelvic pain
9. Chronic pelvic inflammatory disease

GUIDELINE CATEGORY

Treatment

CLINICAL SPECIALTY

Obstetrics and Gynecology
Surgery

INTENDED USERS

Physicians

GUIDELINE OBJECTIVE(S)

To present recommendations for determining the most appropriate route and method of hysterectomy for benign conditions.

TARGET POPULATION

Women who are candidates for hysterectomy for benign conditions

INTERVENTIONS AND PRACTICES CONSIDERED

1. Abdominal hysterectomy
2. Vaginal hysterectomy with or without laparoscopic assistance

MAJOR OUTCOMES CONSIDERED

- Medical outcomes (complications, length of stay/convalescence, quality of life measures)
- Economic outcomes (hospital charges)

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Hand-searches of Published Literature (Primary Sources)
Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

MEDLINE search including key words: hysterectomy, route, abdominal, laparoscopic assisted vaginal, vaginal, outcomes.

NUMBER OF SOURCE DOCUMENTS

Estimated greater than 50

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Not stated

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not applicable

METHODS USED TO ANALYZE THE EVIDENCE

Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus

DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

Presentation and formal vote with decision entered into the minutes of the Society of Pelvic Reconstructive Surgeons.

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

Internal Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Not stated

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

Guideline for determining the route and method of hysterectomy for benign conditions:

Abdominal hysterectomy is indicated when any one of the following criteria	Vaginal hysterectomy is indicated when criteria 1, 2, 3 and	Laparoscopic assistance is indicated when any one of the following

is met:	either 4 or 5 are met:	criteria is met:
1. Vaginal access is less than 2 fingerbreadths at the apex.	1. Vaginal access is greater than 2 fingerbreadths at the apex.	1. Extra-uterine pathology is suspected.
2. Stage 0 mobility when the Valsalva maneuver is performed.	2. Stage 1 or higher mobility when the Valsalva maneuver is performed.	2. Laparoscopic evaluation confirms the presence of extra-uterine pathology that is correctable with operative laparoscopy.
3. Uterine size is greater than 280 grams (12 weeks gestational size).	3. Uterine size is less than 280 grams (12 weeks gestation size).*	
4. Laparoscopically confirmed extra-uterine pathology is uncorrectable.	And	
	4. Pathology is assumed to be confined to the uterus.	
	Or	
	5. Laparoscopic evaluation confirms no extra-uterine pathology or impediments that are correctable.	

* Uterine size-reduction techniques, such as coring, bivalving, and morcellation, may be utilized to remove larger uteri

CLINICAL ALGORITHM(S)

A clinical algorithm for determining the route of hysterectomy is provided with the guideline document.

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

Not stated

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

The guideline provides information that physicians can use when choosing between abdominal and vaginal hysterectomy, with or without laparoscopic assistance.

Subgroups Most Likely to Benefit:

Women between the ages of 30-90

POTENTIAL HARMS

Not stated

QUALIFYING STATEMENTS

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Inherent in the guideline is the assumption that appropriate alternatives to hysterectomy, including conservative pharmacological therapy, ablative procedures, and hysteroscopic surgery have been considered and discussed, and that the patient has made an informed decision to undergo a hysterectomy. Additionally, good patient care dictates that physicians practice within the scope of their training and experience to ensure that patients receive the surgery that they need based on their clinical characteristics.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Getting Better

IOM DOMAIN

Effectiveness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

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ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

1999

GUIDELINE DEVELOPER(S)

Society of Pelvic Reconstructive Surgeons - Medical Specialty Society

SOURCE(S) OF FUNDING

Supported in part by general funds of the Society of Pelvic Reconstructive Surgeons and an Education Grant of Ethicon Endosurgery, Cincinnati, Ohio.

GUIDELINE COMMITTEE

The Executive Board of the Society of Pelvic Reconstructive Surgeons

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

S. Robert Kovac, M.D.; Thomas Julian, M.D.; Robert Porges, M.D.; Sebastian Faro, M.D.; Robert Rogers, Jr., M.D.; Carl Zimmerman, M.D.; Stephen Larson, M.D.

FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

ENDORSER(S)

Not applicable

GUIDELINE STATUS

This is the current release of the guideline.

An update is not in progress at this time.

GUIDELINE AVAILABILITY

Electronic copies: Not available at this time.

Print copies: Available from the Society of Pelvic Reconstructive Surgeons, PO Box 750370, Dayton OH 45475-0370; telephone, (937) 299-6323; e-mail, pelvicsurg@aol.com.

AVAILABILITY OF COMPANION DOCUMENTS

None available

PATIENT RESOURCES

None available

NGC STATUS

This summary was completed by ECRI on February 15, 2000. It was verified by the guideline developer on March 1, 2000.

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